



State of Utah
Department of Public Safety
APPLICATION FOR CONCEALED FIREARM INSTRUCTOR

INSTRUCTIONS

A complete criminal background check will be conducted on all applicants. (Instructors must be of good character as defined in section 53-5-704 UCA and must be eligible to possess firearms under state and federal law.)

WHAT MUST ACCOMPANY THE APPLICATION

- Attach a copy of any firearms certification you currently hold, which must include N.R.A. Firearms Instructor Certificate, P.O.S.T. Firearms Instructor Certificate, or equivalent instructor certification. If you are not certified through N.R.A. or P.O.S.T., but you have equivalent training and certification, submit a copy of the course outline that qualifies you to be an instructor.
- Attach a summary of your qualifications and past experience as a firearms instructor.
- Include a copy of your course outline. (Outline must meet or exceed training guidelines established by the Bureau for concealed firearm courses)
- A photocopy of your driver's license or state identification card.

INSTRUCTOR RESPONSIBILITIES

- The Bureau will provide an instructor number. The number must be used on all forms signed by the instructor.
- Instructors must provide each student who attends their course with a copy of the approved course outline
- Every concealed firearm permit applicant must receive instruction in the areas outlined by Section 53-5-704(8) of the "Concealed Weapons Act" as set forth in the Bureau's training guidelines.
- Instructors **MUST** supply a valid phone number to be listed on the BCI website for customer contact. Phone number must be current at all times or instructor will be removed from listing. Instructor must notify BCI of any address change.

PROCESSING INFORMATION

- Your course outline will be reviewed to ensure that it meets the minimum guidelines for concealed firearm courses established by the Bureau.

COST TO APPLY

- A non-refundable fee of \$5.00 must be included with your application. The Bureau will accept cash, check, money order or credit card. Credit card payment must include the 3 digit control number found on the back of the card. Please make check or money order payable to the "Utah Bureau of Criminal Identification". There will be a \$20.00 service charge on any returned check. **DO NOT SEND CASH IN THE MAIL**

Any questions please contact BCI at (801) 965-4445



State of Utah
Department of Public Safety
APPLICATION FOR CONCEALED FIREARM INSTRUCTOR

Please read all instructions prior to completing this form. TYPE OR PRINT IN INK.

Your application will *not* be processed unless this form is completely filled out and all applicable questions have been answered. Be sure to provide all supporting documents. Enclose the appropriate fee \$5.00 in the form of cash, check, money order or credit card made payable to AUtah Bureau of Criminal Identification@.

FEES ARE NON-REFUNDABLE. Firearms Instructor \$5.00

NAME _____ DATE OF BIRTH _____ PLACE OF BIRTH _____
(Last) (First) (Middle)

PREVIOUSLY USE NAME(S)(Maiden, etc.) _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____
(Street) (City) (County) (State) (Zip)

MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS) _____

HOME PHONE _____ WORK PHONE _____ DRIVER LIC# _____ ST/ _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____ SEX _____ RACE _____

WHAT IS YOUR CITIZENSHIP? _____ IF NOT U.S. CITIZEN ENTER YOUR ALIEN REGISTRATION # _____

ALL APPLICANTS: Please answer "Yes" or "No" to all questions below. A complete criminal background check will be conducted including expunged and juvenile court records. If you answer "Yes" to any question, attach documentation explaining your answer.

- ☐ Yes ☐ No Have you ever been convicted of a crime of violence?
- ☐ Yes ☐ No Have you ever been arrested for any offense involving domestic violence?
- ☐ Yes ☐ No Have you ever been adjudicated mentally incompetent?
- ☐ Yes ☐ No Have you ever been convicted of a felony?
- ☐ Yes ☐ No Have you ever been convicted of any offense involving the use of alcohol?
- ☐ Yes ☐ No Have you ever been convicted of the unlawful use of narcotics or controlled substances?
- ☐ Yes ☐ No Have you ever been convicted of any offenses involving moral turpitude?(i.e., theft, shoplifting, sex crimes, etc.)
- ☐ Yes ☐ No Have you ever been involved in *any incident* in which you have used unlawful violence or threats of unlawful violence?
- ☐ Yes ☐ No Are you currently subject to a court sanctioned protective order?

Instructors **MUST** supply a valid phone number to be listed on the BCI website for customer contact.

PHONE _____

This number must be current at all times, if number is changed BCI must be notified immediately.

FIVE YEAR RESIDENTIAL HISTORY

1. Address _____
(Street) (City) (State) (Zip)

2. Address _____
(Street) (City) (State) (Zip)

3. Address _____
(Street) (City) (State) (Zip)

FIVE YEAR EMPLOYMENT HISTORY

1. Employer Name _____ Phone # _____
Address _____
(Street) (City) (State) (Zip)

2. Employer Name _____ Phone # _____
Address _____
(Street) (City) (State) (Zip)

3. Employer Name _____ Phone # _____
Address _____
(Street) (City) (State) (Zip)

Please answer "Yes" or "No" to the following question.

☐ Yes ☐ No Do you meet *all* of the firearms instructor criteria as listed on the instruction sheet?

ALL APPLICANTS: Please read and sign the statement below. Your signature must be notarized to complete this form.

I, _____, hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that if I knowingly make any false statements herein, I am subject to the penalties prescribed by law. I do hereby authorize the release of any and all information in the possession of any individual, law enforcement agency, firm, partnership, and public or private corporation, necessary to determine the validity and appropriateness of my application. In so doing, I release, exonerate, and hold harmless, any such individual, law enforcement agency, firm, partnership, public or private corporation, the Utah Department of Public Safety, and the State of Utah, from any claim or cause of action which may or could result from the release of this information.

Signature _____ Date _____

Subscribed and sworn to this _____ day of _____ 20 _____

Notary Public

METHOD OF PAYMENT (CHECK APPROPRIATE BOX) Payment enclosed (check or money order only) ☐ Credit Card ☐

Credit Card payment must include 3 digit control number found on the back of the credit card. There is a \$20.00 service charge for any returned check.

Credit Card Orders:

*Visa *MasterCard

Card Number

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3 Digit Control #

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Expiration Date

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Signature _____

Phone Number _____